



Noncertified Birth Record Application

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record

Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix
	Date of birth (MM/DD/YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth		
Parents	Parent one first name		Parent one middle name	Parent one last name		Last name before 1st marriage	Name suffix
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1st marriage	Name suffix

Requester information – information about you

Requester	Requester name						
	Requester mailing address – Street				Apt/Unit #	Daytime phone (xxx-xxx-xxxx)	
	City			State	ZIP	Email	

Mandatory - Read the four choices below. Select one of the boxes.

- I want an image of the paper record for a birth in 2000 or before. *If the record is “confidential”, see number three below. Only individuals listed in number three below may obtain confidential birth records.*
- I want a copy of a “public” birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is *not* included. Your signature does NOT need to be notarized. Go to page two of this form.
- I want a copy of a “confidential” birth record. A birth record is “confidential” when a child is born to unmarried parents and the mother does not opt to make the record “public” at the time of birth. Confidential birth records are available only to those in the following list. **Mark one of the boxes below.** *You must sign this application in front of a notary.* Go to Signature and Notary Information below.

<input type="checkbox"/> I am the subject of the record age 16 or older <input type="checkbox"/> I am a parent named on the record <input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)	<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required) <input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court
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- I want a copy of the entire birth record including health information (available only for births 2001 to present). **Mark a box to the right** I am the mother named on the birth record I am a representative of local public health *You must sign this application in front of a notary.* Go to Signature and Notary Information below.

Signature and Notary Information

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

If I am not eligible to receive the certificate I requested, the Crow Wing County Land Services Department will contact me. I give Crow Wing County Land Services permission to apply my payment to a follow up application.

Requester signature		Notary stamp/seal
Signed or attested before me on: _____ day of _____, 20_____		
Notary public signature	My commission expires:	

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).



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Requester name:			
Document requested	Request	Fee	Subtotals
One noncertified birth record	1	\$13	\$13
How many extra copies do you want?	# extra copies	Fee	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
How do you want your request processed?		Fee	Choose processing
Standard – request processed in the order received		\$0	
Faster – your request goes ahead of standard requests <i>(Does not include UPS delivery)</i>		\$20	
How do you want your document(s) delivered?		Fee	Choose delivery
Regular First Class Mail®		\$0	
United Parcel Service (UPS)		\$16	
For UPS delivery, check here <input type="checkbox"/> to require a signature. UPS will not deliver to PO boxes or APO addresses.			
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total amount due: Amount must be at least \$13	
How do you want to pay? (Credit/Debit Card and cash payments are accepted at our Customer Service Counter only)			
<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____		Make check or money order payable to Crow Wing County Land Services and send by mail with the application. Do not send cash. <i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.</i>	
If you have questions , contact Crow Wing County Land Services (218)824-1010 Send application and payment to Crow Wing County Land Services - 322 Laurel Street, Suite 15 Brainerd MN 56401			